

**VOLUNTARY LEAVE WITHOUT PAY
AUTHORIZED PURSUANT TO NAC 284.580**

I, _____ request a Voluntary Leave Without
name

Pay (VWOP) of _____ per pay-period, for the next
working day(s)

_____ in response to a shortfall in revenues
pay period(s)

or fiscal emergency as declared by the Governor.

The schedule of the time on VWOP each pay period is subject to mutual agreement of the two parties.

I understand this mutual agreement provides for the continuation of benefits provided by Chapter 284 of the Nevada Administrative Code. I understand that my group insurance will be affected if I have less than 80 hours of paid work and paid leave in a calendar month. I understand my service credit for retirement will be reduced and it could also reduce my retirement benefit.

Further, I understand that this mutual agreement will terminate when the shortfall in revenues or fiscal emergency ends and can be terminated by the employer or myself at any time.

Employee Signature

Date

☐ Approved

☐ Disapproved

Appointing Authority Signature

Date

TS-12
12/13/95